


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90142 001 ****61.25
02-12-2003 90142 002 ****8.75

DOCUMENT # N95000000965

1. Entity Name
**THE ASSOCIATION OF BLACK PSYCHOLOGISTS SOUTH FLO
RIDA CHAPTER, INCORPORATED**



Principal Place of Business Mailing Address


P.O. BOX 12971 P.O. BOX 12971
MIAMI FL 33101-2971 MIAMI FL 33101-2971
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0821922** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOLMES, DOROTHY A. DR. *Pamela Hall*
10430 SW 183RD STREET *7555 N 44th Street*
MIAMI FL 33157 *Apt 505*
Lauderhill, Fl. 33319

7. Name and Address of New Registered Agent

Name *Hall, Pamela A., Dr.*

Street Address (P.O. Box Number is Not Acceptable)
7555 N.W. 44th St. #505

City *Lauderhill* FL Zip Code *33319*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pamela Hall* DATE *01/18/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, DOROTHY A	
STREET ADDRESS	10430 SW 183RD STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ARCHABLE, CRYSTAL	
STREET ADDRESS	9221 SOUTH CYPRESS CIRCLE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, TIESHA	
STREET ADDRESS	1105 NW 23RD AVENUE	
CITY-ST-ZIP	N LAUDERDALE FL 33311	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLMES, DOROTHY A	
STREET ADDRESS	155 N.W. 209TH STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Pamela Hall, Ph.D.</i>	
STREET ADDRESS	<i>10430 SW 7555 N. 44th St. Apt. 505</i>	
CITY-ST-ZIP	<i>Lauderhill, FL 33319</i>	
TITLE	<i>Grace E. Sidberry, Ph.D.</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>20021 N. E. 20th</i>	
STREET ADDRESS	<i>Miami, FL 33179</i>	
CITY-ST-ZIP	<i>33179</i>	
TITLE	<i>S.D.</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Nelson, Tiesha Archable, Crystal</i>	
STREET ADDRESS	<i>9221 South Cypress Circle</i>	
CITY-ST-ZIP	<i>Miramar, FL 33025</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela Hall* DATE: *1/18/03* DAYTIME PHONE #: *954-445-7826*

CR2E037 (10/02)